

# Application and Budget Form for Organizations, Schools & New Works Collaborations

## New Hampshire State Council on the Arts

Please check the program area, type of grant and fill in the amount requested. Fill out a separate application for each grant request. For grants not listed write in grant name under "Other".

☐ **ARTIST SERVICES PROGRAM**

- ☐ New Works Collaboration (request narrative questions from Artist Services Coordinator)

☐ **ORGANIZATIONAL SUPPORT PROGRAM**

- ☐ Project/Planning  
☐ Cultural Conservation  
☐ Cultural Facilities  
☐ Two-Year Operating

☐ **ARTS IN EDUCATION PROGRAM**

- ☐ Artist in Residence Grant  
☐ AIE Leadership Grant  
☐ AIE Planning Grant

☐ **COMMUNITY ARTS PROGRAM**

- ☐ Community Arts Development Grant  
☐ Community Arts Project Grant

☐ **TRADITIONAL ARTS PROGRAM**

- ☐ Traditional Arts Project Grant

☐ **ACROSS PROGRAMS**

- ☐ Mini-Grants  
☐ ArtLinks  
☐ Peer Mentorship

**AMOUNT REQUESTED \$** \_\_\_\_\_

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### 1. APPLICANT DATA (TYPE OR PRINT CLEARLY)

Official IRS name of applicant or Fiscal Agent: \_\_\_\_\_

Authorized Official's Name: (School Principal if applicable) \_\_\_\_\_

Mailing Address	City/Town	State <b>NH</b>	ZIP
Daytime Phone	Fax	E-mail	URL

**Enter NISP code:** <http://www.nh.gov/nharts/grantsandservices/nisp.htm>

Arts Discipline (for *primary* area of applicant's work): \_\_\_\_\_

Race/Ethnicity of Organization/Individual (Grantee Race): \_\_\_\_\_

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### 2. PAYMENT (If payment is to be made to someone other than the applicant, please fill in.)

Official IRS name: \_\_\_\_\_

Mailing Address	City/Town	State <b>NH</b>	ZIP
Daytime Phone	Fax	E-mail	URL

<b>For Office Use Only:</b> FY	Activity Type	AIE%	App. #	<i>over</i> →
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**3. APPLICANT NAME:**

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**3A. CONTACT PERSON/SITE COORDINATOR**

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Name		Title	
Address (if different from above)	City/Town	State	ZIP
Phone	Fax	E-mail	URL

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**4. GRANT REQUEST DATA**

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**Reminder:** Annual Grant Period is July 1 - June 30

**Project Summary** (one phrase or sentence)

**Project Director** (if different from Contact Person)

**Project Start and End Dates**

Enter NISP codes from <http://www.nh.gov/nharts/grantsandservices/nisp.htm>

Arts Discipline (describing this project's activities) \_\_\_\_\_

Project Race \_\_\_\_\_

International Activity of Project Yes \_\_\_\_\_ No \_\_\_\_\_

**Estimate total number of individuals to benefit from this project:** \_\_\_\_\_

(See glossary for definition)

**Number of Towns/Communities** to benefit \_\_\_\_\_ **Number of students/youth** to benefit \_\_\_\_\_

**Number of Artists** to participate \_\_\_\_\_ **Number of NH artists** \_\_\_\_\_

If you are booking artists from the **Artist Roster** for this project, please list names below with *Artist Roster* code (AIE, TA, CAP, or TRAD):

_____	_____
_____	_____

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**5. ORGANIZATIONAL DATA (ORGANIZATIONS ONLY)**

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**Year Founded:** \_\_\_\_\_ **Incorporated in NH:** \_\_\_\_\_ **Number of paid staff.** Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

**Fiscal Summary.** Provide actual figures for last completed fiscal year and estimate figures for current and future fiscal years included in grant proposal.

**Dates of current fiscal year:** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

	Past Year	Present Year	Future Year
<b>Total Income: \$</b>	\$	\$	\$
<b>Total Expense:\$</b>	\$	\$	\$

**APPLICANT NAME:**

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**6. FACILITY DATA**

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Name of facility(ies) where arts activities funded by this grant will take place.

How long has the facility(ies) been used for arts activities?

**Please provide the name of your ADA Coordinator:**

**Answer "Yes" or "No" to each of the following questions.**

\_\_\_\_\_ Is this facility accessible to people with disabilities?

\_\_\_\_\_ Is accessibility part of the organization's long range plan?

\_\_\_\_\_ Has an ADA self-evaluation of the organization's Facilities and Programs been conducted?

\_\_\_\_\_ Have policies and procedures been established which address nondiscrimination against persons with disabilities?

\_\_\_\_\_ Is this information posted?

\_\_\_\_\_ **Does applicant own the facility?**

If no, complete the following:

Name of Owner:

Address:

Length & Expiration of Lease:

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**7. CERTIFICATION**

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(Type in authorized official or artist name below)

I, \_\_\_\_\_, **do hereby certify** that all of the figures, facts and representations made in this application and its attachments are true and correct to the best of my knowledge and belief. Any grant funds received in connection with this application will be expended as described and any changes in the budget or purpose of this application will be **submitted in writing** for approval.

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Signature of authorized official

Title

Date

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Signature of person preparing this application (if different)

Title

Date

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For Artist in Residence or New Works Grants only - Artist Signature

Date

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For Artist in Residence or New Works Grants only - Artist Signature

Date

Applicant hereby agrees to comply with Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended; Title IX of the Education Amendments of 1972 (where applicable); Title 29 (Part 505) of the Code of Federal Regulations (governing fair labor practices); the Age Discrimination Act of 1975; the U.S.C. Sec. 1913 regulating lobbying with appropriated monies; the Drug-Free Workplace Act of 1988; and the Americans with Disabilities Act of 1990; as well as all regulations of the National Endowment for the Arts pursuant to these statutes & regulations described in OMB circulars A-102 and A-87, Cost Principles. **NHSCA reserves the right to monitor sub-grantees to ensure that all applicable terms & conditions of grants are being met.**

# BUDGET

## NEW HAMPSHIRE STATE COUNCIL ON THE ARTS

**APPLICANT NAME:**

EXPENSES (PROJECT ONLY)	CASH	IN-KIND
<b>Salaried Employees</b> ( <i>Prorate salaries, wages, fringe benefits to include only time spent on this project. Indicate # of positions and % of time spent on Project.</i> )		
Administrative: .....	\$ .....	\$ .....
Artistic: .....	\$ .....	\$ .....
Arts Specialists: .....	\$ .....	\$ .....
Teachers: .....	\$ .....	\$ .....
Technical/production: .....	\$ .....	\$ .....
<b>Outside Fees &amp; Services</b> ( <i>independent contractor fees</i> )		
Roster Artist Fees.....	\$ .....	\$ .....
Other Artist Fees ( <i>specify</i> ): .....	\$ .....	\$ .....
.....		
Other ( <i>specify</i> ): .....	\$ .....	\$ .....
.....	\$ .....	\$ .....
<b>Space Rental</b> ( <i>location/rate</i> ): .....	\$ .....	\$ .....
<b>Travel</b> ( <i>specify # of travelers, mileage, per diems</i> )		
In-state: .....	\$ .....	\$ .....
Out-of-state: .....	\$ .....	\$ .....
<b>Marketing/Publicity</b> ( <i>specify</i> ): .....	\$ .....	\$ .....
<b>Remaining Project Expenses</b> ( <i>specify</i> ): .....	\$ .....	\$ .....
.....		
<b>Total Cash Expenses</b> (must equal Total Cash Income) .....	\$ .....	
<b>Total Value of In-kind Contributions</b> .....		\$ .....
Identify sources of in-kind (donated services or goods) contributions: .....		

*over→*

**APPLICANT NAME:**

**INCOME**

**Revenue (*Earned Income*)**

Admissions ( # of tickets x av. cost \$: )..... \$.....

Contracted Services (specify): ..... \$.....

Other Revenue (specify): ..... \$.....

**Support (*Unearned Income*)**

Memberships..... \$.....

Corporate Contributions (*identify*):..... \$.....

Private Foundations (*identify*):..... \$.....

Parent Teacher Organization..... \$.....

Other Private Support (*includes fundraisers*): ..... \$.....

**Government Support**

Federal: ..... \$.....

State (*do not include this request*): ..... \$.....

Local: ..... \$.....

New England Foundation for the Arts Grants: ..... \$.....

**Applicant Cash:** (See Glossary page 106 for definition) ..... \$.....

**Sub-Total (Income from Above):** .....\$.....

**Grant Amount Requested from Arts Council:**.....+ \$ .....

**Total Cash Income:** (Must equal Total Cash Expenses).....= \$ .....

(Use as needed.).....